

SPEAKER INFORMATION FORM

Please attach curriculum vitae or résumé

Name & Credentials _____

Preferred Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Present Position: Title: _____ Facility: _____

Degree	Institution (Name, City, State)	Major Area of Study	Yr. Degree Awarded

Please give us a short bio for the program:

Equipment Needs for Presenters:

- Table Microphone
 Lapel Microphone
 Lectern
 Screen
 Laptop Computer
 Slide Projector
 Overhead Projector
 Multimedia Projector
 Other

Please provide at least three references used in preparing your presentation (at least two of them should be from articles appearing in peer-reviewed journals).

SPEAKER INFORMATION FORM

LEARNING OBJECTIVES FOR YOUR PRESENTATION

Please use the space below to list what you hope participants will get out of your presentation. Begin with a short description of the presentation and follow up with 2-4 learning objectives. We will use these objectives in the evaluation that participants complete at the end of the day and to apply for continuing education credit for the conference. **Your content should include and respect issues of diversity and, if relevant, information that addresses underserved or minority populations as it applies to clinical or policy education.**

Please briefly describe your presentation (short paragraph):

Please list 2-4 learning objectives for your presentation. (Use behavioral terms when possible such as demonstrate, identify, etc)

By signing or typing your name below you are acknowledging that the material you intend to present will include references where appropriate to substantiate the empirical basis and limitations of any data you present.

Signature

Date